

INFORMATION BULLETIN

WELFARE-TO-WORK

Number: WB99-40

Date: July 9, 1999
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TO: SERVICE DELIVERY AREA ADMINISTRATORS
PRIVATE INDUSTRY COUNCIL CHAIRPERSONS
WELFARE-TO-WORK 15 PERCENT SUBGRANTEES
DOL WELFARE-TO-WORK 25 PERCENT SUBGRANTEES
COUNTY WELFARE DIRECTORS
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES STAFF
EDD EXECUTIVE STAFF
WORKFORCE DEVELOPMENT BRANCH STAFF

SUBJECT: WELFARE-TO-WORK CLIENT FORMS WORKSHOP

This is to announce that the Capacity Building Unit of the Job Training Partnership Division will provide a new training workshop on "Welfare-to-Work (WtW) Client Forms." This one-day session is designed for Service Delivery Area (SDA) and County Welfare Department staff. The workshop is designed to help SDAs in the familiarization with the *WtW Client Forms Handbook* and related forms requirements.

This one-day informative workshop will include a review of the following required forms: Application/Registration (WtW 10 EWRF), Enrollment (WtW 20 EWEF), Monthly Activity (WtW 30 EMAF), Employment Record (WtW 40 EWER), Termination (WtW 50 EWTF), and Follow-up (WtW 60 EWFF). The initial workshop will be held in Sacramento on Wednesday, July 28, 1999, and is intended to be a pilot session, with the actual workshops to be held regionally throughout California from September through November.

Initially, each workshop will hold a maximum of 30 persons, with a limit of two persons per each SDA. Additional workshops will be added as needed.

To register for the Sacramento workshop, please contact Myrna Erickson at (916) 653-6530, or David A. Simpson at (916) 654-9819, or e-mail (dsimpson@edd.ca.gov).

/S/ BILL BURKE
Assistant Deputy Director

Attachment

**WELFARE-TO-WORK
CLIENT FORMS WORKSHOP**

Workshop Request Form
(Sacramento Pilot)

Employment Development Department
Job Training Partnership Division
Attention: David A. Simpson
FAX: (916) 654-9657 or (916) 654-9586

Please complete this form with the names of those planning to attend the workshop and fax to the above address. The information will be used to confirm attendance.

Please PRINT Clearly

1.	2.
Name: _____	Name: _____
SDA: _____	SDA: _____
Your Telephone # () _____	Your Telephone # () _____
FAX # () _____	FAX # () _____

Limited to two participants from each organizational entity.

For additional information, please contact David A. Simpson, Capacity Building Unit, (916) 654-9819.